Form PTO-1083

Patent

Case Docket No. H-5028

In RE application of

K. FUJIMOTO et al

Group Art Unit: 2185

Serial No.:

10/820,964

STORAGE SYSTEM

Examiner:

A.P. Savla

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)				(Col. 2)		(Col. 3)	
	Claims Remaining After Amendment		Highest No. Previously Paid For			Present Extra	
Total	32	Minus	**	23	=	9	
Indep.	9	Minus	***	9	=		
First	presentation of	Multiple De	pende	nt Claims			

SMALI	ENTITY
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OR

OTHER THAN A SMALL ENTITY Additional Rate Fee X 50 \$ 450.00 X 200 X 360 \$ Total \$ 450.00

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space. The 'Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Ш	Pleas	Please charge my Deposit Account No. 50-1417 in the amount of \$				
	A Cre	edit Card Payment Form in the amount of \$930.00 is attached for RCE & 1 EOT.				
	The Commissioner is hereby authorized to charge payment of the following fees associated with communication or credit any overpayments to Deposit Account No. 50-1417.					
	\boxtimes	Any filing fees under 37 CFR 1.16 for the presentation of extra claims				

X Any patent application processing fees under 37 CFR 1.17.

 \boxtimes Any Extension of Time fees that are necessary, which are hereby reguested if necessary.

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